,	Under the Pagen	MOR Reduction Ac	1 AT 1005		- *	u	S. Patent and	Approved I	for use the	P1 7/31/2006, DEPARTMENT	O/SB/06 (08-0: ONIB 0651-003
	PA	MOTE REDUCTION ACT		N FEE DET		ON	RECORD	doravation uni	913 H 012	or a valid OMB	control aumbo
				ALDE NA FORM P	10-8/3		0000		1-4	2/1/80	
CLAIMS AS FILED - PART I (Column 2) (Column 2) SMALL ENTIT								ENTITY	OR		R THAN ENTITY
FÖR BASIC FEE		HUM	NUMBER FILED		NUMBER EXTRA		RATE	FEE	7	RATE	T
p	7 CFR 1.16(a)}					1		1	OR	101.2	FEE
()	TAL CLAIMS CFR.1.16(c))		minus :	20 = .			X 8 =		1 08		
(37	DEPENDENT CLA CFR 1.16(b))	UMS	minus 3 = *			11	x 5 a		1 ~	X \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.15(d))						11	+5		OR OR	X3	
٠.4	the difference in	column 1 is less th	120 Zero, (enter "O" in column	12.		TOTAL		1	+5	
			IMS AS AMENDED - PART II							L	
	LLLDY	SCUING VO VV	IENUEL	J-PARI II							
_	124	(Column 1)		(Catumn 2)	(Calumn 3)		SMALL E	ENTITY	OR	OTHE	THAN
¥		CLAMS. REMAINING	1	HIGHEST .	PRESENT	\prod	RATE	ADDs	ì ·		
Ä		AFTER AMENOPHENT		PREVIOUSLY PAID FOR	EXTRA		12112	TIONAL FEE	•	RÀTE .	MONAL
S	Total CFC CFR 1.16(cg)	レムカ	Minus	122	1.0	1	**25		:	×4.50	- 1197
AMENDMENT	Independent (SF CFR 1.15(b))	5	Minus	5	180	11	. 100		OR .	200	100
₹	FIRST PRESEN	ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(4))					180	· ·	OR	21.A	
						J	TOTAL		OR	TOTAL	IAA
		(Column 1)	•	10-t m			ADO'L FEE		OR 1	ADD'L FEE	100
8		CLAMS		(Column 2) HIGHEST	(Column 3)	ı	· ·				
		REMAINING AFTER AMENIOMENT		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADOI- TIONAL		RATE	ADDI- TIONAL
ENDMENT	Total profession	*	Mins	PAID FOR	•	lŀ	26	FEE		20	FEE
ü	Independent OF CFR 1,15(cg)		Minus		•	lŀ	120°		OR	****	
₹	FIRST PRESENT	ENT CLAN DICK	* 18 21		OR	XL IUU					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))							TOTAL		OR	+.300 TOTAL	
						•	ADD'L FEE		OR	ADD'T FEE	
_		(Column 1)		(Column 2)	(Column 3)		`		•		
r C		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADD1-		RATE	ADDI
Ę,	Total	AMENDMENT	Wina	PAID FOR	-			TIONAL FEE	Į		TIONAL FEE
힣	(DF OFR 1.15(d) Independent (DF OFR 1.16(h))	 	Minus			1	5		OR	<u>*,50</u> .	
AMENDMENT		<u> </u>		.3.2		4	100		_09	×2 00	
FRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (07 OFR 1.1600)							DK(et		OR	+.36Q	
	If the sets :=		- 45			- 4	OTAL VOOL FEE		OR	TOTAL ADD'L FEE	
•	" If the "Highest I	olumn 1 is less than Number Previously	n the aren Pald For	la column 2, write IN THIS SPACE	Complement V.	الم				1	

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The "Highest Number Previously Paid For" (I that or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an explication. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to late 12 minutes to complete, including gathering, properting, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the enount of time you require to complete this form and/or suggestions for reducing this turden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.